



July 16, 2008

Warehouse 86
481 Airport Industrial Drive
Southaven, MS 38671

Attn: Joe Torez

RE: Disposal of Overgood Materials

HEPACO Project No. 8520005

FINAL REPORT

Dear Mr. Joe Torez:

HEPACO, Inc. greatly appreciates working with you on this project. We look forward to working with you on many projects in the near future. Enclosed in this final report you will find HEPACO's post-submittal for the above referenced project.

Please do not hesitate to contact us if you have any questions or need additional information concerning this project.

Sincerely,

A handwritten signature in cursive script that reads "David Moore".

David Moore
Senior Project Manager
HEPACO, Inc.
731 E. Brooks Road
Memphis, TN 38116

Warehouse 86
481 Airport Industrial Drive
Southaven, MS 38671

TABLE OF CONTENTS

Section 1	Certificate of Insurance
Section 2	Disposal Manifest
Section 3	Mississippi Notification

Section 1
Certificate of Insurance

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the Issuing Insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

NOTEPAD

INSURED NAME Hepaco, Inc. Hazardous

HBPAC-2

PAGE 13

OP ID 11

DATE 02/12/08

General Liability: Blanket Additional Insured when required by written contract, and Blanket Primary/Non Contributory when required by written contract (form #UGL1175ACW0903); Blanket Waiver of Subrogation when required by written contract (form #CG24041093); Contractual Liability (form #UGLD1115BCW0904); 30 day Direct Notice of Cancellation when required by written contract (form #U-GU-298-B).

Automobile: Blanket Additional Insured when required by written contract (form #CA20480299); Blanket Additional Insured-Lessor when required by written contract (form #CA20010306; Blanket Waiver of Subrogation when required by written contract (form #UCA320B0494); Primary coverage (form #CA00010306); MCS-90 endorsement; 30 day Direct Notice of Cancellation when required by written contract (form #U-GU-298-B); Pollution Liability (form #CA99480306).

Workers Compensation: Blanket Waiver of Subrogation when required by written contract (form #WC0003130484); USL&H (form #WC000106A0492); Maritime (Jones Act) (form #WC000201A0492); Blanket Alternate Employer (form #WC000301A0289); Voluntary Comp (form #WC000311A0891); Other States (form #UWCD314A0794); Stop Gap (form #WC000303C1004); 30 day Direct Notice of Cancellation when required by written contract (form #WC420601).

Umbrella: Excess over General Liability, Auto Liability, Employers Liability (WC) and Pollution/Professional Liability policies (form #STFUX322ACW0305); 30 day Direct Notice of Cancellation when required by written contract (form #STF-UX-330-A); Follow form.

Pollution/Professional Liability: Blanket Additional Insured on Pollution coverage (sudden and non sudden pollution events) when required by written contract (Form #STF119BCW1205); (Microbial) Fungus Remediation and/or Fungus Related Professional Services/Pollution Coverage (form #STFPEC0108DCW); Asbestos Remediation coverage (form #STFPEC0136ACW0304); 30 day Direct Notice of Cancellation when required by written contract (form #STF-PECO-167-A).

Carrier: Federal Insurance Co #6584809 - Policy Term: 10/01/07-08.
Equipment Leased/Rented/Borrowed from others. Limits \$250,000 maximum per item with a \$500,000 maximum per loss.

All above policies are subject to a 10 day Notice of Cancellation for Non-Payment of Premium.

Section 2

Disposal Manifest

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number		2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number		
				2	1888-724-8366	002356277 JJK		
5. Generator's Name and Mailing Address Warehouse 86 481 Airport Industrial Drive Southaven MS, 38671								
Generator's Site Address (if different than mailing address) SAME								
Generator's Phone:								
6. Transporter 1 Company Name HEPACO				U.S. EPA ID Number				
7. Transporter 2 Company Name Pollution Control Industries				U.S. EPA ID Number				
8. Designated Facility Name and Site Address Pollution Control Industries 4343 Kennedy Ave East Chicago, IN 46312				U.S. EPA ID Number IND000646943				
Facility's Phone: 2193973951								
9a. HM				9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type	11. Total Quantity	
						12. Unit Wt/Vol	13. Waste Codes	
GENERATOR	X	1. Waste Flammable liquid NOS 3 UN1993, P6II (Labpack) ERG:128		001	DF	0100	P D001	
	X	2. Waste Aerosol 21 UN1950 (Labpack) ERG:126		001	DM	0100	P D001	
	X	3. Waste Corrosive liquid acidic organic 8 UN3265 P6II (Labpack) ERG:153		001	DF	0100	P D002	
	X	4. Waste Toxic Solid inorganic NOS 6 UN3288 P6II (Labpack) ERG:151		001	DF	0015	P D007	
	14. Special Handling Instructions and Additional Information 9a) 1) ZF, 1, (1X30DF) 3) ZI, 3, (1X30DF) 2) ZAF, 2, (1X55DM) 4) ZI, 4, (1X5DF) (CNF# WA0001)							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Officer's Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____								
TRANSPORTER INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____ Transporter 2 Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____							
DESIGNATED FACILITY	18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: _____ U.S. EPA ID Number _____							
	18b. Alternate Facility (or Generator) Facility's Phone: _____							
	18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. _____ 2. _____ 3. _____ 4. _____								
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____								

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-003

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of 1	3. Emergency Response Phone 1-888-724-8366	4. Manifest Tracking Number 002356276 JJK		
5. Generator's Name and Mailing Address Warehouse 86 481 Airport Industrial Drive Southaven, MS, 38671			Generator's Site Address (if different than mailing address) SAME				
Generator's Phone: 662-393-9522							
6. Transporter 1 Company Name HEPACO			U.S. EPA ID Number				
7. Transporter 2 Company Name Pollution Control Industries			U.S. EPA ID Number IND000646943				
8. Designated Facility Name and Site Address Pollution Control Industries 5485 Victory Lane Millington, TN 38053			U.S. EPA ID Number TND000772186				
Facility's Phone: 901-353-5291							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt/Vol.	13. Waste Codes
	X	1. RC Waste Flammable liquid NUS 3 UN1993, PG II ERG 1.28	001	DM	0200	P	Doc1
		2. RCRA/DOT Non Regulated Material	006	DM	1200	P	NONE
		3. RCRA/DOT Non Regulated Material	001	DF	0100	P	NONE
		4.					
14. Special Handling Instructions and Additional Information 99 D304783, ZVI, 1X55DM 3) 305616, ZVI, 1X30DF 2) 305616, ZVI, 6X55DM CONF # WA0001A							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name			Signature		Month Day Year		
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Part of entry/exit: Date leaving U.S.:						
	Transporter signature (for exports only):						
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name			Signature		Month Day Year	
	Transporter 2 Printed/Typed Name			Signature		Month Day Year	
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number						
	Facility's Phone:						
	18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1.		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name			Signature		Month Day Year		

PCI

Page 1 of 1

PCI Profile #: W/A0001
Generator Drum # 1
Container Size/Type: 30DF
Drum Weight: _____
Lab Pack Type: Appendix IV ☐ V ☐ All Other Waste ☒

6PL-128

Revised - 2/2006

PCI

POLLUTION CONTROL INDUSTRIES
LAB PACK - DRUM INVENTORY

PROCESS CODE:

Page 1 of 1

Generator Name: Wachhouse 56
Generator EPA ID: CE566
DOT Shipping Name: Waste material
Hazard Class: 2.1
UN/NA No: 11950

Lab Pack Type: Appendix IV V All Other Waste

[illegible]

Revised - 2/2006

PCI

Page 1 of 1

UN/NA No:

Lab Pack Type: Appendix IV V All Other WasteRevised - 2/2006

UN/NA No: UN3284

Page 1 of 1

Lab Pack Type: Appendix IV V All Other Waste

Revised - 2/2006

Page 1 of 1

PCI Profile # _____ *W/Adm*
Generator Drum # _____ *5*
Container Size/Type: _____ *300 F*
Drum Weight: _____
Lab Pack Type: Appendix IV _____ V _____ All Other Waste _____

Revised - 2/2006

Page 1 of 1

PCI Profile # _____ WH0001
Generator Drum # _____ 6
Container Size/Type: _____ 55X
Drum Weight: _____
Lab Pack Type: Appendix IV _____ V _____ All Other Waste _____

Revised - 2/2006

PCI

POLLUTION CONTROL INDUSTRIES
LAB PACK - DRUM INVENTORY

PROCESS CODE:

Page 1 of 1

Generator Name: Warehouse 86
Generator EPA ID: EFS06
DOT Shipping Name: Waste Corrosive liquid
Hazard Class: B PL2 II
UN/NA No: UN1760

PCI Profile # _____ 12A0001
Generator Drum # _____ 7
Container Size/Type: _____ 55F
Drum Weight: _____
Lab Pack Type: Appendix IV _____ V _____ All Other Waste _____

[illegible]

Packaged By: _____ Signature: _____ Date: _____

Revised - 2/2006



POLLUTION CONTROL INDUSTRIES
LAB PACK - DRUM INVENTORY

PCI Drum #

PROCESS CODE:

Page 1 of 1

Pollution Control Industries

Generator Name: Warehouse 86

Generator EPA ID: C.F.S06

DOT Shipping Name: Waste, 1567, waste, Flammable, toxic
Hazard Class: 2.3

Hazard Class: 203 361 PLATE

UN/NA No: UN2478

PCI Profile # WFO001

Generator Drum # _____

Container Size/Type: 5D

Drum Weight: _____

Lab Pack Type: Appendix IV _____ V _____ All Other Waste ☒

[illegible]

CERTIFICATION: The Listing above is an accurate and complete description of the contents of this drum and it is packed in accordance to 49 CFR 173.12.

Packaged By: _____ Signature: _____ Date: _____

Container Type: G=Glass M=Metal P=Plastic F=Fiber Physical State: S=Solid L=Liquid A=Aerosol R=Residue (Sludge)

Revised - 2/2006

February 15, 2008

**Warehouse 86
481 Airport Industrial Drive
Southaven, MS 38761**

Chemical Inventory

1	55-gallon metal drum	Flammable Liquids Lab Pack
1	55-gallon metal drum	Aerosols Lab Pack
1	5-gallon poly	Pharmaceutical Lab Pack
3	55-gallon metal drum	Non-Hazardous Lap Pack
1	Cylinder	Refrigerant Recovery
1	5-gallon poly	Coconut Oil
1	5-gallon poly	Synthetic Centrifugal Oil
1	5-gallon poly	Gear Lubricant
1	5-gallon poly	Axle Oil
1	5-gallon poly	Clear Glaze Dipping
1	5-gallon poly	Latex Paint
3	5-gallon poly	Safety Melt
1	5-gallon poly	Ballast Oil
3	35-gallon poly	Corrosive Lap Pack
4	1-gallon glass	Acetonitrile
1	20-gallon poly	Unknown Liquid
1	55-gallon metal	Poison Lab Pack
2	35-gallon poly	Flammable Liquid Lap Pack
12	5-gallon poly	Unknown Liquids

Section 3

Mississippi Notification



STATE OF MISSISSIPPI
HALEY BARBOUR
GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
TRUDY D. FISHER, EXECUTIVE DIRECTOR

March 6, 2008

Warehouse 86
481 Airport Industrial Drive
Southaven, MS 38671

Attn: Joe Torres

RE: Hazardous Waste Temporary Identification Number

Dear Mr. Torres:

The following temporary hazardous waste identification number has been assigned to your facility.

MSTMP0002470 – 481 Airport Industrial Drive, Southaven, MS

Temporary ID numbers may be issued if a cleanup or removal action is considered a one-time generation or an emergency removal action. If the removal is not considered an emergency, the number can only be used for the cleanup of a single site and the waste must be shipped within 90 days of the issue date. Multiple shipments of waste may be shipped from a single site under the same temporary ID number during this 90 day period. Temporary ID numbers may not be used for multiple sites, for a period exceeding 90 days, or for a regularly scheduled removal (parts washers, dry cleaning fluids).

After a temporary ID number is issued, the Office of Pollution Control (OPC) must receive a manifest of waste shipped within 10 working days of shipment. If the quantity shipped is greater than 220 pounds the facility will be subject to the Waste Minimization Fee and all biennial and annual report requirements.

Please review the data on the attached page for errors. It is important that this Office be notified in writing within seven (7) days of **ANY** changes of the information submitted on your notification form, including a decision to cancel the shipment. Acceptance of the temporary ID implies acceptance of these terms.

If there are any questions, please contact this office at (601) 961-5305.

Sincerely,

Sonia Weddington

Sonia Weddington
Data Integration Division

OFFICE OF POLLUTION CONTROL

POST OFFICE BOX 10385 • JACKSON, MISSISSIPPI 39289-0385 • TEL: (601) 961-5171 • FAX: (601) 354-6612 • www.deq.state.ms.us

TEMPORARY HAZARDOUS WASTE IDENTIFICATION NUMBER APPLICATION

Date of Request 3.05.08

Facility Information:

Contact Person	<u>JOE TORRES</u>
Facility Name	<u>WAREHOUSE 86</u>
Street Address	<u>481 AIRPORT INDUSTRIAL DR</u>
Mailing Address	<u>SOUTHAVEN</u>
City, State, Zip	<u>SOUTHAVEN, MS 38671</u>
Phone	<u>(662) 393-5922</u>

Transporter Information:

Name	<u>HEPACO</u>
City, State	<u>MEMPHIS, TN</u>

TSD Facility Information:

Name	<u>POLLUTION CONTROL INDUSTRIES</u>
City, State	<u>MILLINGTON, TN</u>

Waste Information:

Quantity (lbs)	<u>220 - 120 - 15 = 355</u>
Shipment Date	<u>3.7.08</u>
EPA Waste Code	<u>D001 - D002 - D007</u>

Consultant/Contractor:

Name	<u>HEPACO</u>
Address	<u>731 E. BROOKS RD</u>
City, State, Zip	<u>MEMPHIS, TN 38116</u>
Phone	<u>(901) 345-6333</u>
FAX	<u>(901) 353-5982</u>

Brief waste description:

LABPACK OVERGOODS AND FLAMABLE CABINETS AFTER TORNADO